

Medical Economics



APRIL, 1924

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MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

H. Sheridan Baketel, A.M., M.D., Editor



Vol. 1

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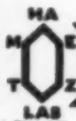
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The Menace of the Cults

John Walker Harrington
Tappan, N. Y.



BEFORE every regular physician and surgeon in these United States looms the menace of the healing cults. Unlicensed and unqualified ministrants to human ills are rivals of the medical profession in all communities, be those regions large or small. Some of them stay put; others absorb all the specie they can, and in the night, fold up their tents like the Arabs and silently steal away.

It is not wise to underestimate Arabs. Europe did that and as a result she had one of the hardest battles in all history before she was able to prevent her territories from being overrun.

In this brief, economic survey we shall give the details of the enormous spread of scores of strange healing cults which would crowd the regular practitioner out of his birthright. We also summarize certain suggestions for meeting this serious crisis.

Although there have always been in this country pretenders to medical skill, the healer did not make himself felt as a formidable factor until towards the close of the last century. There had been established in the "eighties" schools of faith cure and of metaphysics which sent their graduates out openly to profess healing powers. Judging from reports and statistics of this period, we can assume that there were at least

2000 healers of that persuasion in 1890, or about one to every fifty-two of the 104,805 registered medical practitioners.

The cults had so increased in importance that in 1900, there seem to have been between three and four thousand of their followers. The United States Census of 1910, enumerating them for the first time, reported that there were in this country 6834 healers, of whom 2,162 were men; and 4672, women.

The ratio of physicians to non-licensed healers then was 22 to 1. The Census of 1920 revealed there were less physicians than there were in the previous enumeration of 151,489, that is 150,007, which includes

5,030 osteopaths. The followers of Still had up to 1920 been counted with the physicians and surgeons. There were approximately 2,500 of them in 1910 when they were so enumerated. The 1920 Census, gives only 144,977 under the classification of physicians and surgeons, although the osteopaths have obtained legal recognition. We find, however, by the same authority that in 1920 there were in this country 14,774 healers, an increase of 111 per cent in one decade.

At this rate there will be nearly 30,000 of these self-styled dispensers of healing by 1930. If the medical profession follows its trend, there will only be about

Fifty years ago the cults were as rare as the dinosaur. To-day they infest the land like a noisome plague, preying upon the unwary and the ignorant. Smooth of tongue, with greed in heart and many of them eminently unprincipled, these leeches fasten their tenacles upon confiding people and bleed them dry, finally casting the three-quarter dead remains to the four winds.

How long will recognized medicine allow these fakers to continue on their unhindered way?

145,000 practitioners six years hence. At present, the proportion of the regular to the irregular is about ten to one, on the face of the statistics. The actual conditions are probably far worse than these very conservative figures indicate.

San Francisco, for example, according to official returns, had in 1920's Census, 304 healers and 10 fortune tellers and spiritualists and 1,411 registered physicians.

Board of Health lately prepared a list of sixty cults about which complaints had been made.

What a harking back to old superstitions is astral healing, for example, which considers the effect of the planets on patients! There is zodiac-therapy, the ministrations of which must register with the signs of the signs of the zodiac; and "Leonic" healing especially dedicated to big maimed Leo, rampant lion of the heavens.



1900

1910

1920

Showing the rapid increase in number of cultists.

Her regular schools were pitted against the unauthorized healers in the proportion of 4.6 to 1. For every eight of the 10,000 physicians and surgeons in New York City, there is at least one eager healer lying in wait to get their patient. Every seven regular medical men in Chicago have one of the untrained in anatomy and physic who seeks a slice of their practices. In the flourishing Hoosier city of Indianapolis, close to the centre of population of the nation, at least one of the unqualified is on the trail of every six of her trained doctors of medicine.

To the laity, the hinterlands of the cults and fads are strange countries. It is no wonder the public is confused and often lured by the glittering promises held out by the smooth tongued purveyors of "isms" and "ologies" of which the dictionaries can tell them little or nothing. The New York City

Using as a basis the therapeutic qualities of light and color there are numerous bands of healers who employ red, white and blue electric globes and the fierce glares that beat about boxes lined with reflectors. Thus we have biodynamic-therapy, chromo-therapy, chromopathy, iridio-therapy, diathermy, helio-therapy, photo-therapy, spectro-crome, quartz therapy, spectro-therapy, telathermy, electro-therapy, and the like. All of these methods have in them foundations of truth. There is little doubt but that sunlight, or strong electric rays, made to imitate the rays of "The Lord of Day" in advanced heliotherapy may do some good. The reflection of light from quartz crystals is at least spectacular. No one can gainsay that mild electric currents given from a suitable battery under the direction of a physician, may give life a new zest.

April, 1924

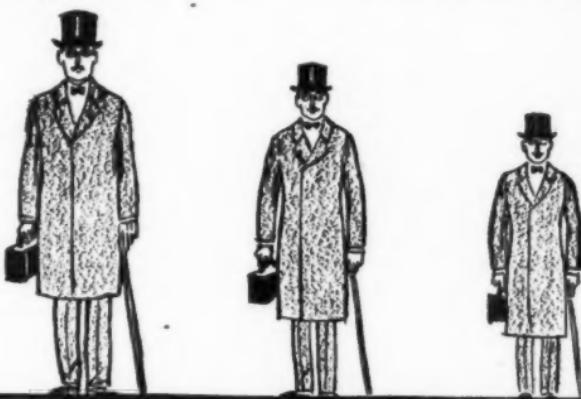
MEDICAL ECONOMICS

9

Hot and cold air blasts, or even exposure to the atmosphere, without any clothes at all, may be helpful. Wise, old Ben Franklin said he gained much benefit from bathing himself in the ozone and the ether in seclusion. Out of this common place of medicine has grown up the elaborate cult of aero-therapy. It uses, at times the familiar baking process for rheumatism. Hot air is both its product and its by-product.

illegitimacy from a dried clot of blood on a bit of blotting paper. Even guinea pigs may be sensitive about the bar sinister. The so-called blood specialists and "blood washers" profess almost miraculous powers in the diagnosis and treatment of lues. They often beguile their clients by weak herb teas and similar decoctions instead of putting them through a vigorous course of treatment.

The cult of Nebuchadnezzar,



"The census of 1920 revealed there were less physicians—"

In some of the cults appear the widely advertised electronic reactions of the late Dr. Albert Abrams, a graduate of several universities, who dramatized the atomic theory into a system of medicine. Even the healthiest of us have molecules, atoms and electrons in our systems, and it is not hard to convince some persons that a skilled manipulator can make them all sing together as do the evening stars. Anybody who has overheard a concert of the spheres ought to appreciate electronic methods and electro-protherapy and electro-homeopathy and "electronic" technique.

The life is the blood, we are told and, therefore, there are many ways of learning about the condition of an individual by careful examination of the vital fluid. There is a prejudice, however, in the profession about diagnosing

who took to a grass diet, has its variations in many of the high sounding systems which infringe on the preserves of medicines. There are those who practice diet-therapy, and profess to cure by merely regulating the intake of food and prescribing special menus. They are the close kin of the food faddists, the vitopathists, and such nutrition guides as the tropho-therapists, and the naturopaths, the natureopaths, the na-prapaths and others of that ilk.

The Kneipp cure still survives, and persons who take it walk on the sward of the city parks and the country meadows when the grass with dew is wet and pay the long green for being told to do so.

Those who prefer to roll in the mud have the opportunity to salute the soil and renew their strength as the old Greek athlete did who kissed old Mother Earth

and rose stronger and happier. Her other name was Geo and hence geo-therapy is one of the latest cults.

Many of this day and generation like to spend their money for being told to bathe and to drink two or three quarts of water a day. Hence hydro-therapy has its followers who are devoted as were the patients of Hippocrates, who flushed out their systems and made obeisance to Hygeia.

Exercise finds its followers who are willing to pay liberally for being told not to be lazy. Those who prefer to exercise by proxy or on machines have at their service mechano-therapy, and medical gymnastics, and obesity cures, frequently administered by former prize fighters or by amateurs who do not know the pancreas from the liver. In this category come the chiro-practors, the practo-therapists, the sani-practors; the spondylo-therapists, who transmute spinal therapeutics into spondulix; the zonet practors, who trip from zone to zone of the human form divine; and the physio-therapists.

Any one who runs his eye over the religious notices in the Saturday edition of the large city newspaper, will find that from thirty to forty per cent of these advertisements represent such healing cults as Bible healing, Eddyism,

Soul Clinics, and varieties of faith cure, mixtures of religion and metaphysics. Applied psychology is used to make mortals command success and to cure the pink-eye; and the twinkley Mr. Coue comes with his beads and his passes "to help us minister to our own ills." The psycho-analyst, with a lay smattering of Freud and no knowledge of the human body or the mind, often displaces the graduated alienist; the vulgar hypnotist pushes aside the diplomaed psychiatrist.

What is the remedy for this abnormal condition? First, there is the sharp knife of the law. Although some of the cults are permitted to treat the woes of the flesh under the aegis of religion, the State protects childhood. It is within the province of the medical profession to see that the younger generation gets a chance to grow up.

Although persons treated by ignorant and unscrupulous charlatans often are cured or make recoveries by grace of forgiving Nature, there are many thousands who merely are lulled in a fool's

REGULAR PRACTITIONER

CULTIST
1920
10%

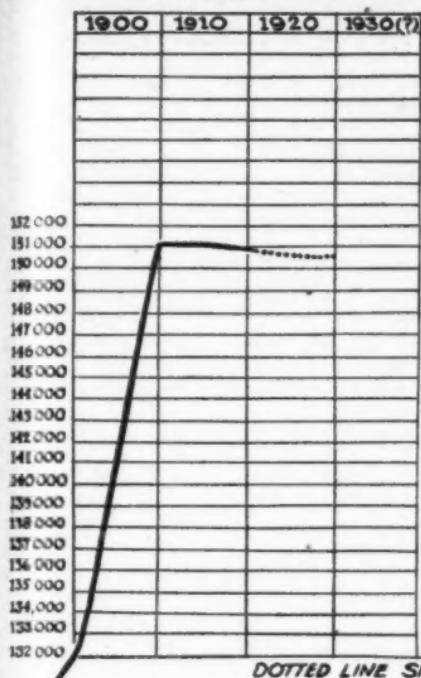
CULTIST
1900
2½%

CULTIST
1910-5%

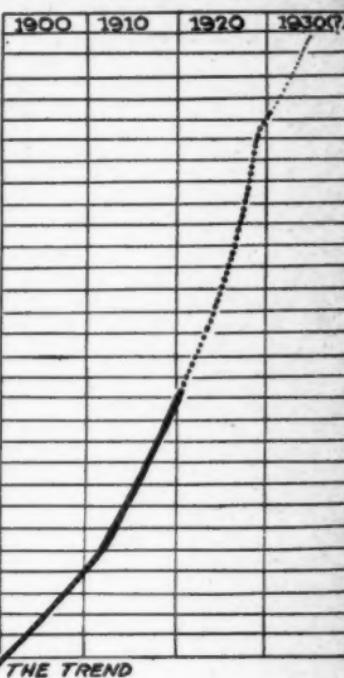


Showing the ratio of cultist to regular practitioner.

DECREASE OF NUMBER OF REGULAR PRACTITIONERS (*including OSTEOPATHS*)



THE GROWTH OF HEALING CULTS IN TEN YEAR PERIODS



DOTTED LINE SHOWS THE TREND

paradise, and too late find they are victims of a malignant disease from which they might have been saved. Millions of our fellow beings are fleeced by pretenders to the hard earned crown of physic. For the deliberate faker there should be the severest punishment; the stone pile and the jail. The country medical societies, in alliance with district attorneys everywhere, have it within their power to put a tatterdemalion legion of imposters behind the bars.

Beyond all this, however, leaders in the medical profession believe that the physician should guide and inform the people, as well as help prosecute evil doers. Many of these cults have a basis in science, however faulty may be their structure. They are often strong because they play upon objections to the regular medical schools. The herbalist is a protest against too many chemicals; the drugless healers are the counter-

poises of the bolus; the various "practors" and glorified massage operators have gained because some timid persons believe that the surgeon is too free with the knife. Many a serio-comic cult, which has turned into tragedy, is a medical sect gone wrong. For the medical lexicographer to cavalierly dismiss any of these cults with the definition "a quack system of medicine" is to beg the question.

In order to combat the mischievous methods of cultists, the practitioner will find it to his advantage to at least know on what they are founded. He will then find, very likely, that regular medicine can give every real advantage offered by the special cult, and more. One can be advised by his physician as to diet, and water drinking, and exercise, and even as to his faith and his attitude of mind. The doctor of today has

(Concluded on page 39)

Teaching the World Preclinical Medicine

INOCAMI

THE health examination campaign launched a year ago by the National Health Council is intriguing the laity and enthusing the specialized health worker. The National Health Council is composed of the various health agencies interested in Mental Hygiene, Social Hygiene, Tuberculosis, Cancer, Heart Disease, Child Health, Nursing, and the like.

The Medical Society of the County of Kings (Brooklyn, New York) recognizing this lay interest as well as the physician's responsibility in the matter has recently issued a very attractive leaflet to all the physicians in the county. It is an excellent example for county and other medical societies to follow. The subject is so thoroughly presented that we would be tempted to reproduce the leaflet in full if space permitted.

We are, however, going to open our new department by quoting freely and to give our readers an idea of this society's plan for acquainting the doctor with the importance of a neglected branch of practice.

The cover page is titled "Periodic Medical Examinations of Apparently Healthy Persons" and then plunges right into the heart of the whole matter as follows:

MEDICAL ECONOMICS is instituting a Department of Medical Economics, devoted to current phases of preventive medicine. Suggestions from your experience will be welcome. MEDICAL ECONOMICS will endeavor to answer your queries in a practical manner. We believe that the field of health promotion offers an economically sound feature of medical practice and that it can be made an asset, a very valuable asset, to the physician and the community.

"Practice Preclinical Medicine in Your Office"

The various committees of the Medical Society of the County of Kings have given thought to the subject.

Read what they say—and offer.

Your patients need you to tell them how to keep well. Meet opportunity half way. Invite your patients to come to you for the health examinations that health departments, health agencies, schools, insurance companies, and the business world are advocating."

The leaflet carries a notice of one of the Society's famous Friday afternoon clinical lectures

—subject "Health Examinations" with a demonstration of technique and distribution of an examination blank.

The Public Health Committee announces an offer of a personal examination to one hundred of the society's members aptly stating that:

"The experience of being thus examined will help to develop the required point of view. It will demonstrate the systematic method of the examinations."

The philosophy of periodic examinations is tersely outlined:

"The person most interested in a health examination and most in

need of one usually has a private physician.

"The private physician is more or less familiar with the patient's interests and environment and therefore better able to render health service to the individual than is the case when the examinee comes as a stranger to a strange physician. This is important—the success of a health examination depends more upon the report between physician and examinee than does a diagnostic examination.

"Private practice offers ideal opportunities for repeated contacts between physician and examinee for guidance and stimulation toward better health and renders re-examination more valuable.

"Private practice has one disadvantage—it is primarily organized to meet emergencies—the examinee is free from pain or fear of disease. They must be planned for in advance—they require the doctor's uninterrupted time.

"The medical technique used in making health examinations differs in no essential from that of any thorough physical examination. The points of view of physician and examinee and their attitude toward the examination are essentially different from the usual relationship between physician and patient.

"The doctor needs to know health examination method and system and understand the suitable approach to the examinee and the type of instruction to give.

"Preventive medical practice—preclinical medicine if you please—applies to all supposedly well individuals. Doctors should be leaders and undergo health examinations personally."

The library of the society is ready with current professional literature on health and longevity examinations as well as the material used to interest the laity. How many physicians are acquainted, we wonder, with the mass of printed material for lay consumption issued by health

agencies, life insurance companies and the like?

Other statements in this leaflet over which our readers should cogitate are:

"Commercialized health examinations are bad for patient and doctor.

"Periodic physical examinations will be commercialized by institutions and capitalized by the quack unless the medical profession meets the growing demands of the laity.

"Every physician will be spreading valuable propaganda by educating his patients regarding the need and value of periodic health examinations. This will make periodic health examinations the rule and not the exception.

"Capitalize your membership in your society and be ready when the patients come for a physical examination. Know what to do, how to do it and what to say about it."

If every physician belonged to his County Medical Society and every County Medical Society gave serious thought to preclinical medicine there would be less quackery with fewer jazz cults, and better health with greater prosperity would accrue to community and profession.

A sick guest in a New York hotel sent a bell hop out for a doctor. Said the wise boy: "Do you prefer an Allopath, or a Homeopath?" "Oh, never mind that," said the guest, "All paths lead to the grave; just get me a doctor."

A Florida physician's wife suggests that the doctors' wives in her State form an association for the mutual protection of their husbands. It is proposed that they adopt rules and regulations, define how long a flapper may call on the doctor, how often a good looking widow may properly call, and how long the doctor may stay in calling where there is a bevy of good looking girls.

Group Medicine in a Medium Sized City in the Middle West

E. L. Tuohy, B.A., M.D.

Duluth, Minn.



THE writer is prompted to accede to the request of the editor of MEDICAL ECONOMICS and write a short survey of our experiences with "Group Medicine," after reading a few numbers of this journal. It is difficult not to show a cautious and wary attitude toward new medical journals; however, the present scope and intent of this contribution promises very well; those who have written for it all have a message and have entered their material with the obvious intention of being helpful as well as understood.

Five men originally entered The Duluth Clinic in 1911. As an organization it has changed its form from time to time to meet new conditions. In the beginning it was a loose office affiliation, such as has been utilized by congenial physicians for many years. Later it became a definite partnership when the merging of the work of the various members became more intimate and as numbers of salaried associates joined it. Some of these men had quite as close contact with all the members of the group as with any individual member; therefore, it was difficult to arrange the matter of salaries and administration without closer affiliation. We have seen no reason to change this particular plan; it has been agreeable and successful.

The importance of group medicine is well recognized. Say what we may, this method has come to stay. From the world's greatest group, the Mayo Clinic, to the small group of three or four men, all have their places in the body medical and most of them will grow and improve with the better understanding of the profession and the increased study on the part of those interested. Dr. Tuohy gives us a thoughtful survey of the subject, and one well worthy of careful perusal.

It is quite true, as stated in the article by "A former New York judge," in MEDICAL ECONOMICS (February, 1924, page 11) that the founders of the College of Physicians in London, long ago forbid its members either to enter into partnership with each other or engage in the selling of drugs. As to the latter stricture, it is evident that many doctors have had to sell and dispense drugs. It is likewise evident that wherever

possible (outside of contact practice) they have preferred to leave the ownership and management of pharmacies to others. Whether they still hold the same prejudice against partnerships is difficult to say; we may know

that anything savoring of the creation of an impersonal organization or company for doctoring, rightfully meets with decisive opposition, not to say hostility.

The doctor's work is a very personal matter; we are rightfully held to that relationship legally. Therefore, the creation of a corporation, separate and distinct from the individual in it, with an indefinite life tenure and mechanism for perpetuation, envisioned a control and possible exploitation that perhaps the wise Linacre foresaw.

Many inquiries have come to us relative to the exact manner in which we have conducted our

affairs. Some have been quite blunt enough to battle down the "walls of Troy" with the very first wordy assault: "That scientific stuff and better work and 'more for the patient' is all right, but how do you split up the 'swag'?"

For those reading upon any subject there is cause for much rejoicing when the writers of the material perused have been limited as to space. It is fortunately unnecessary for everyone, writing upon any subject, including medicine, to reiterate everything that



"Many people are driven into the hands of quacks—because they want a lot of treatment."

"That's where we 'hit a snag'."

"Is every fellow to get the same as every other, regardless of whether he works as hard or not? Suppose one man sees five times as many patients as another, but he thinks (and his wife with him) that his fewer patients get five times the service as the other man's, how are you going to get these men together?"

One hesitates before this flood of intense personality and conviction, and wonders how it can ever be dammed back. To begin with, two plans unfold: The one aimed to build up a written agreement that aims to cover any and all contingencies; all possible angles and possibilities that may arise. The other is the loosest, most concise and most general statement possible of being adopted. The latter is unqualifiedly the better, and should always be adopted, at least in the beginning. Let most conditions be met as they arise with as perfect frankness as it is possible to attain.

has been said. Out of the many things that have appeared on this subject in our medical journals and elsewhere nothing has impressed the writer quite as much as an article by Rexwald Brown (Group Medicine and Practice) appearing in *The Bulletin* of the American Medical Association, December, 1923. In addition to encouraging readers as a whole to note carefully the most interesting articles in the *Bulletin*, anyone at all interested in group medicine should secure access to that article and judge it carefully.

The writer at this time feels that in this contribution he can do nothing better than to enunciate a series of general principles, the personal contact with which has made them appear of outstanding importance. Many readers may find fault with them; that which is apparently satisfactory in this location may be entirely wrong elsewhere, etc. Nevertheless, I submit them, and leave to the reader who knows

something about the principles of group practice, and to our numerous critics the interesting and pleasing diversion of developing and filling in, if they will, an elucidation of the numerous features untouched, the numerous lapses and delinquencies unmet:

1. Contrary to the opinion of some, this method is not the only successful way to practice medicine. It will never, therefore, displace any of the older methods already in vogue; the future will bring other plans undoubtedly. Among these we hope that *State Medicine* will not appear. Proper grouping will help to make state medicine unnecessary.

2. What will happen to the "family physician"? Rexwald Brown states, "The family physician should be the very center of the group." This is all very true, but the writer never expects to see group medicine become so general and universal that many of the "family physicians" would find any such opportunity. Fancy the number of specialists that would be needed in toto were every general practitioner to have a proper coterie of "specialists" surrounding him!

3. A series of good, four-square, general practitioners will not change themselves materially or develop themselves into "specialists" simply by officing together and merging their work. It is frequently stated that by this act and by each man taking up only certain lines of work they will gradually become proficient therein. Much as we may decry the haphazard methods through which physicians have assumed specialistic prerogatives, it can be definitely stated that such a method is too time consuming and too great a strain upon the body politic and our trusting patients to have it further countenanced as the proper method to enter any special field in medicine.

4. It is therefore much easier for men already well trained in their various specialties to organize and group themselves than it

is for men practically all of equal attainments in a variety of lines to do so. Men properly trained, however, in specialties, may then well assimilate others and teach them what they know, or, what amounts to the same thing, they may all grow together, but it is quite obvious that the proper seed must be planted in the beginning if the product is to be desirable.

5. There is a feeling sometimes expressed that men of mediocre ability, or with outspoken faults in personality or makeup, may be the better utilized in groups than they could be left on their own resources in individual practice. This brings up an analysis of human nature that is most engaging, and it well might lead us far from our subject. It can be stated briefly, however, that man's instinctive makeup, his inherent capabilities, reactions and mental plasticity, are as fixed and inexorable as the laws of the Medes and Persians. This is a dreadful and overwhelming truth, but it is one of those unavoidable exactions of Nature that neither education, environment, convention or even force, can attempt even to conjure with, not to say correct. Therefore, those who contemplate grouping, study well yourselves, those you intend to cast your lot with, and don't make your association so hard and fast that you cannot easily part company—good friends.

6. Any plan of grouping of doctors should be most carefully studied to provide that which is most effective for the particular locality in which it is inaugurated. To illustrate this: It is obvious that in our largest cities and concentrations of population, there is place not only for very limited specialists but for "specialism within specialism." It would be useless for these men to attempt this sort of professional work in any other environment. Specialism tends easily to develop about teaching institutions or large public or municipal hospitals; it is just the opposite where these in-

(Continued on page 44)

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Patients I Have Lost and Why

Miles J. Breuer, M.D.
Lincoln, Neb.



THE physician is in business, not for selfish ends, but that he may do good to others, and serve humanity. But he will be a mighty poor servant of humanity if he cannot pay his bills regularly every month, and if he lives constantly under the pressure of want. He will be only a second-rate servant unless he can live comfortably, take sufficient relaxation, and take the proper care of his family.

The world is not as yet so organized that it seeks out its benefactors and voluntarily offers them the reward to which they are entitled. In fact, mankind does not even stir itself to make it possible for its benefactors, to live and work. No matter how much of a benefactor you are, you've got to scratch your own living, and collect your reward.

The physician's primary duty is to provide a comfortable existence for himself and his dependents. That comes even before his duty to his fellow-man for the simple reason that he cannot do his fellow-man much real good, unless he is properly equipped. And in this day of keen competition and highly efficient systematization, the physician must apply to his work the same methods that have improved other lines of human endeavor. One of these principles is that of checking up on errors and

failures, with a view to avoiding similar ones in the future. In the scientific side of medicine this method is an ancient one; it may be applied equally well to its economic side.

It is not possible for any physician (nor anyone else) to retain a permanent hold on every person that comes to him. People will wander and change, because of variations in personalities and relations between them. But every physician loses a certain number of patients for causes that can and should be remedied. They can be remedied only by being thoroughly studied.

The first principle of study is the making of records. From my earliest years in practice, I have kept records of patients I have lost; and periodically I review and analyze them. Below I am reporting a number of them, and stating the principle that each one has taught me. In some cases it will be seen that it is possible to overcome and correct the cause that has lost us the patient. In other cases, the loss is due to factors out of our control; nevertheless it is of value to recognize and classify such cases, if for no other reason than that they may be forgotten, and the mental effort spent in worrying about them used for constructive purposes.

Case I. dates back to the early

"I wonder why Mrs. X failed to call me when X came down with pneumonia," said Dr. Blank to his alter ego, that is himself, the other day. Chances are his question will go unanswered, unless he adopts Dr. Breuer's plan and periodically reviews the case reports of patients he has lost.

What we need in the practice of medicine is a greater knowledge of practical psychology, for it has been written that "he who openeth his mouth and putteth his foot therein will never succeed," either in medicine or any other profession.

years of my practice, and is a study in the psychology of "practical experience" as contrasted with scientific learning. The patient was a girl from another town, attending high school here and staying with distant relatives. I was tremendously anxious to make a good impression, as the winning of this family might mean the opening of relations in that town, from which many patients came to medical men in my city.

When I was called, she was complaining of severe pains in the back of the neck and had vomited a number of times since she had attended a party the previous evening; she was just finishing a menstrual period. I made a very thorough physical examination, and found nothing. I was proud of my thoroughness, but failed to note the hostility of the two women with whom she was staying. They had their own favorite physician, and didn't like it when the girl's minister sent me out to attend her. They glared at the indecent exposure of the girl's person that my examination required.

My therapeutic efforts were not very successful. Cathartics and Enemas failed of their purpose; even when I gave a high enema with my own hands. The girl lay and groaned and tossed; and complained constantly, imploring the two women to rub her neck, saying that made it feel better. In desperation I gave a quarter of a grain of morphin, which produced no visible lull in her manifestations. The two women were constantly around her, sympathizing and pitying, rubbing her neck, and worrying; and glaring hostilely at me. It dragged along for several days; she always seemed fairly quiet and happy when I left her; but shortly I would hear from one of the women over the phone in a cranky voice, that she "was no better." Then, one day when I was absent from telephone connections for a couple of hours, they called their own physician; and when I returned, they notified me that she was all right, and did

not need me any more. I never heard from her again.

I knew the other physician well, and talked to him about the case. He told me that he merely gave her 10 grains of sodium bromide, and she never had any more trouble.

My error in this case was that I concentrated too much on the pathology, or lack of it, and neglected the women who were caring for the patient. If I had paid attention to the attitude of the women and their influence on the patient, I should first of all have set out to win their confidence. By a little effort that is not such a difficult matter. Yet it is a tremendously important one; its influence is subtle, and difficult to evaluate in textbook language. In this case, the neglect of it lost me an opening into a new field of practice; and the opportunity to break into that particular town has not yet repeated itself to me.

Case II. The proprietor of a Greek restaurant in which I occasionally lunched, came to me with a chronic prostatitis and posterior urethritis. About the first thing he asked me was, how long would it take him to get well. I made a guess of six to eight weeks and started in on the treatment. He was a very pleasant fellow, and during the course of the treatment, referred several of his countrymen to me as patients. I was beginning to feel very happy over having tapped another rich vein of practice.

Six and eight weeks went by, and as is frequently the case in chronic G. U. conditions, there was not much improvement in his condition. It did not worry me, as I understood the situation; and it never occurred to me that my patient was nursing my estimate of six or eight weeks as a faithful promise. I began to note that he was a little impatient and dissatisfied, but did not pay the attention that it deserved. Finally he quit coming. I met him in the street some weeks later, and he was pleasant enough about it, telling

me that he had seen another physician, and ironically enough, had gotten much better shortly after having begun with him.

In this case I made the mistake of giving the patient an impression of a definite prognosis of recovery within a certain time, from a very uncertain and tenacious pathological condition. People think that a doctor has some magic knowledge of the future, and when they do not get well exactly on time according to his promise, they lose confidence in him. I later found that this patient's condition recurred, after his supposed wonderful cure by the other physician; but that did not bring him back to me as a patient.

advice over the phone; and I was not very anxious to drive that long distance on my Sunday afternoon; so I gave him some directions, and told him to report later.

For several days I did not hear from him; and then I phoned him. He said that some neighbors had recommended a wonderful osteopath, who had come out and given him two or three treatments; and now he was much better. I congratulated him and reminded him of his large prostate, and asked him to come in again, but he never did. He is still my friend, but he believes that osteopathic methods are superior to mine.

The probability is that the rest which I recommended is what re-



"The two women were constantly around her—glaring hostilely at me."

Case III. The grandfather in a family of which I had treated several members, came in complaining of a severe backache following several days' work laying flooring. I found that he had a very much enlarged prostate. The only thing that I could persuade him to do, was to go home and spend a week in bed. A week later I telephoned him, and found that his week in bed had not relieved him much. In a couple of days, on a Sunday afternoon, he called me, complaining a good deal. I was uncertain as to whether he wanted me to come and see him, or to get some

lieved him; and the osteopath merely pushed him out of bed and on his feet. Possibly, if I had not been a little lazy on that Sunday afternoon, and had gone out and kidded him out of the bed myself, I would still be treating the whole family, which now worships at the osteopathic shrine. True indeed, that people are very foolish! But here they are, and we cannot change them. We have to handle them as they are.

Case IV. This little lady had had vomiting of pregnancy quite severely, and I congratulated my-

(Continued on page 38)

Letters of a Self-Made Doctor

Harold Hays, M.D., F.A.C.S.

New York, N. Y.

Letter No. 5



MY DEAR JERRY:

It is surprising how often the little things in life count for the most.

It is also surprising how often your patient will notice little details while you are called away to the telephone in the middle of your treatment.

A certain incident which happened to me the other night is a good example of how attention to trifles amounts to a great deal. I was called to see a case in consultation. I had never met the people before and I was informed that another consultant had been in to see the child the night before. The attending physician explained to me that the child had an infection in the throat. It was necessary for me to stick my finger down almost to the larynx. Before I did so I inquired where I could wash my hands. I gave them a good cleaning. Now you will say that was nothing out of the ordinary, nothing that a man shouldn't do before he sticks his fingers into a kid's throat.

After I had made the examination, the doctor, when he got me alone, clapped me on the back and said, "Thank God."

"What's the idea?" I asked.

"If you hadn't washed your hands before you examined that kid's throat, I would have murdered you. You don't know what a difference that made."

"Any boob would have done the same thing," I replied.

"Maybe he would," he added tersely. "But the other man who was in here last night didn't. I

gave him the history of the case and before you could say 'Jack Robinson' he put his dirty paw in that kid's mouth, adding a few billion more germs to those already present. When they needed someone again to-night, I refused to have him—said that I wouldn't have any man who wasn't decent enough to wash his hands. And then as soon as you came in, I began praying and hoping you knew enough to use a little soap and water."

As a matter of fact, washing my hands, whether I think they need it or not, is a routine procedure with me and costs me nothing. But what has it meant to me in dollars and cents in this one case? I was just looking at my ledger and find that that one case has already paid me nearly one hundred dollars. The soap and water cost me nothing.

This matter of routine cleanliness will go a great deal farther than you think. You never know what your patient is going to notice, so you don't want to give him the chance to notice anything to which he can take exception. If you are doing any surgical work, have your sterilizer near enough to your patient to let him see the instrument boil. Bringing your instruments out to the kitchen won't do. I well recall spraying out the nose of an elderly gentleman who had more money than brains and who was a stickler for cleanliness.

"What do you do with that atomizer when you finish with it in my nose?" he asked. "Don't the

bugs from my nose get into the next fellow's?"

So I demonstrated to him how I detached the tip of the atomizer and put it into the sterilizer each time after I finished with it. That satisfied him and we remained friends until someone told him of a doctor whom he considered much better than me and who probably dolls his office up with Rembrandts and Persian rugs.

You know this question of cleanliness and asepsis is a mighty important thing. Bromidic, you will say. Every doctor ought to be clean and ought to maintain strict asepsis at all times. That's all right but it's funny to see how ridiculous some men make their cleanliness. I remember Greeley, an old professor of mine who wore a long, white beard down to his large, bulging stomach. He belonged to the time when they used to spray carbolic acid all over the operating room. He was a great stickler for asepsis. When he was going to perform an operation he would wash his hands for at least ten minutes. Then we would put on his sterile gown and his sterile gloves for him. Just as he was about to begin the operation, he would find that his eye-glasses needed cleaning. So he would take them off and wipe them on a sterile towel. After this careful procedure he would begin his mastoid operation and before he finished with it his white beard would be trailing in the wound and our last procedure would be to give that same beard a shampoo so that he wouldn't be taken in by the police before he got home. There was no use trying to teach this old dog new tricks.

Again, I know men who go the limit to boil their instruments and then lay them down on the dirty glass top of a table on which hundreds of instruments, dirty and clean, had been before and it would be amusing if it were not serious to see how little conscious they are of having done anything which wasn't just right.

Yes, this matter of cleanliness is worth while considering. I believe the world would be far better off, surgically speaking, if the average man would spend more time in unconsciously keeping clean and less time in consciously trying to live up to the rules of asepsis. But the matter of cleanliness is not only at the operating table. Any man treating patients should always see that he is personally clean. He should shave every morning (and it wouldn't be a bad idea if he took a bath more than once a week).

When he gets into the office, he should discard his sack coat and put on a clean office jacket and what is better still, he should put on a clean white coat, particularly if he is going to do any surgical work. Moreover, he should see that his office is scrupulously clean and that the towel that is handed to the patient hasn't been used by a dozen patients before.

I know you will think that this advice is all bunk and totally unnecessary, but it was only a few years ago that I was examined by a very prominent man who washed his hands, dried them on a towel and threw it over my shoulder. I never forgot it and I'll bet the ordinary patient would have thought worse of it than I did.

I have seen doctors enter a sick room with a face full of hair and a pound of dirt under their finger nails and some of them get away with it, because their patients find a clean soul underneath all the dirt. But in the majority of cases, patients are critical and it never does any harm to have them get the impression that it is your custom to put on a clean collar and scrape your face every morning. Moreover, there is something about cleanliness which makes a man feel more peppy and after a while it becomes a habit to be clean at all times. The converse is also true—that you can get into the habit of being dirty at all times.

Let me sink it into your head, Jerry, that the doctor of to-day is a man's man and he doesn't become a ladies' man just because he dolls himself up a bit. That doesn't mean that he has to put rouge on his face but it does mean all the things I have said above together with a little blacking on his shoes.

Of course, some men carry such things to extremes. It reminds me of Dr. Billings who thinks he is something of a cross between Rudolph Valentino and Bill Hart. He had a modest practice on the West Side. Then he waltzed around until he found a rich girl and married her. Then he felt that the fees he was getting weren't large enough and so he moved over to Park Avenue on his wife's money. He began to do the soaking act on any rich patient who would come to him and finally he got to the stage where a boiled shirt and a black evening suit were the only things he could sit down to dinner in.

Once in a while he would come to one of the medical meetings, all dolled up with a fat belly and an empty head. He never fooled anybody but himself. He spent more time having his finger nails surgically treated by a female with bronze hair and an open shirt waist than he did in clinics and finally he capped off his dollishness by stringing a black ribbon across his shirt front to which was attached a pair of large window panes which went over his eyes whenever he talked to anyone on a medical subject. Now that fellow is making a bluff that all this tomfoolery has brought him in a large practice but I'll bet that he has more time to read "*Town Topics*" than either you or I have. He may think he is fooling somebody but he is only fooling himself and the end result will be that he will be taking winter vacations to Palm Beach on his wife's money.

Such is life, my boy. Doctors are peculiar animals and I suppose develop more peculiarities

than any other set of human beings. Taking them all in all they are good sorts and it is wonderful how even those who come from the lowest strata of society often develop into real gentlemen. In many cases, it may be only a veneer but in others it is the real thing. All I can tell you to do is to develop natural gentlemanly habits if you haven't them born in you. I know you well enough, old man, to feel that you won't make many mistakes in this direction but there are two classes of men who will not do—those who do not make a pretense to be clean, perhaps because they never knew how, and the other class who overdo the dolling act and make perfect asses of themselves.

Cordially,
Erastus Hutt.

Thrift—What Is It?

Thrift means good management; vigorous growth. "Thrift is the best means of thriving."

Thrift means spending less than you earn; saving systematically. It does not mean that you should stop spending.

Thrift means securing interest on your savings. Money kept in hiding never earns anything. Put your money to work. You work for money; make it work for you.

Learn to know values; the value of your work; the value of the fruits of your labor. Investigate and study merchandise values. Know what you buy before you buy it. Read advertising. Get acquainted with brands and trade marks, and their significance. Weigh expenditures. Put on your thinking cap and keep it on.

The wise individual is he who so regulates his income and outgo that "emergencies" are pro-slave—of circumstances.

—U.S. Gov. Savings System.

Gauging the Patient's Ability to Pay

William F. A. Schultz, LL.B., M.D.

St. Louis, Missouri

THE editor of MEDICAL ECONOMICS propounded this query with a view, no doubt, of receiving an intelligent solution.

The question can be answered quite definitely, quickly, and with little difficulty or trouble. Where a family or patient has just newly entered the community the investigation will require a little longer time, depending on the remoteness of his former place of residence.

For many years in the past, the writer has been pursuing the course of securing financial reports of persons or patients in which there arose doubt concerning ability or willingness to pay for services.

In every large city, there are to be found one or more organizations, which are engaged in obtaining financial reports from persons of whom inquiry is made. Some companies issue tabulated reports in book form. These are rented to their regular subscribers.

In this city, there are several such companies. One consists of an aggregation of retailers who have cast their lot together for self-protection. They extend credit to those persons only who, upon their investigation, can furnish sufficient proof or evidence of moral and financial responsibility. This organization is called "The St. Louis Retailers' Association", and it is affiliated with organizations in other cities having a simi-

Separating the wheat from the chaff in a practice is one of the urban physician's momentous problems. In the country it is easy for him to learn a person's capacity to pay, for in the smaller place it is comparatively easy to learn of one's financial status.

In the city such knowledge must be obtained by those whose business it is to obtain financial ratings. Dr. Schultz presents a solution which seems easy and eminently feasible.

lar object; thus the members are able to secure a report of their customers coming from diverse towns or cities. The investigation and report that these companies make of individuals or of companies are quite reliable. For several years, the writer has been a member of the Commercial Credit Record Co. of this city, a very reliable concern. It secures rating not only of persons, but also of banks and bankers, commercial houses and manufacturers over the country.

As is often the case with men engaged in an enterprise, there are also fake rating companies. It is necessary, therefore, in the selection of one to separate the wheat from the chaff.

A gain, the "special" reports received, must be properly read and interpreted. The writer does not know of any firm which will vouch for the financial standing and moral responsibility of its reportee. Special reports contain everything necessary that a physician or credit man should need to know. But as mentioned before, they must be understood. For example, a report is submitted thus: "John Doe, forty years of age and married, employed by at a monthly salary of about \$150.00. Owns a home which is encumbered for the amount \$..... Equity in same covered by his exemption. No

(Concluded on page 46)

IS public health purchasable? Can the span of life be increased. MEDICAL ECONOMICS votes "yes" to both questions.

How can medical men add years to a person's life? By what we now term preclinical medicine or, as it has been known heretofore, periodic health examinations.

A new idea? The old truism still holds—there is nothing new under the sun. New settings, different words, greater knowledge—progress—but not newness make.

In the medical world of a generation and more ago the doctor may not have been very scientific but he was supposed to know the "constitution" of his patient. His clientele was a relatively stable community group—knew its doctor and knew that its doctor knew them inside and out.

Today under the term preclinical medicine the opportunity is presented both profession and laity of overcoming the handicaps inherent in our modern environment.

Our daily life becomes increasingly difficult because rapid communication, easy travel, increased volume of reading material, labor saving machinery give more time into which to crowd a greater mass of play or work. The individual must adjust himself to the new environment and hark back to the best possible approximation of the old scheme of things. He must find some one trained in the art and science of medicine who will know and advise him about his health.

Preclinical medicine is the opportunity. Through periodic evaluation of his personal stock—mental and physical—the individual can return to a sense of satisfaction through the knowledge that he and a doctor understand his "constitution."

Annual physicals, periodic examinations of apparently healthy persons, life extension examinations, health exams, longevity examinations, slogans such as "Be

EDITORIAL

Preclinical Medicine

examined on your birthday," comparison of the human machine to the automobile with its regular overhauling—these are just a few of the terms used in current lay and medical publications. All the aspects of the beneficial prop-

"Just as the Twig is Bent



Periodic health examinations should... father of the man." Keep the little people healthy. The picture shows a bevy of youngsters... trained in athletics. These merboys and... to raise funds for tubercular children... value of pre-clinical

EDITORIAL

Medicine—the Life Saver

Agenda for better health are mere symptoms that indicate to the medical profession the extent and importance of preclinical medicine.

With the advance made by medicine in the past thirty years, some

Big is But the Tree's Inclined"



...ould commence with the children, for "the child is the people healthy and increase the span of life. ... gsters like the Panama Canal Zone, who are being ... and maidens will shortly come to this country ... dren need to give visual demonstration of the ... f practical medicine.

diseases have been eliminated and others reduced. Every doctor who has properly treated and controlled his patients has made his unconscious contribution.

Result?

Today, with the lessened tension of caring for the acutely ill or serious disease, medical minds are turning to the study of the many things that retard or advance personal well being. The business of keeping people fit when they try to live under the slogan "Keep well beats Get Well" is a man size job for the practitioner of preclinical medicine.

Possibly the vision we see is colored by our enthusiasm. Economically, the search for and maintenance of good health by our patients opens an unlimited field for medical work.

Preventive medicine cannot advance much further through mass work by organized health bodies. Personal hygiene and the individual private physician is the sound solution of all the searching after health. The medical man and woman of today who is reading the signs of progress is prepared to fight diphtheria by Schick test and immunization, to vaccinate and inoculate against smallpox and typhoid, to do protein sensitization, to make periodic physical examinations, to give advice and guidance on diet, exercise, recreation, sleep and the like and, finally, to educate his clientele to the need for and use of all preventive medical measures.

Preclinical medicine is a big field. It is a field in which there is still room for the pioneer.

MEDICAL ECONOMICS has some very definite and possibly radical ideas on this important subject. In the next issue will be presented a plan which, if carried out, will in our opinion, go far toward placing preclinical medicine on a firm foundation, and will work to the betterment of the masses to whose service the medical profession is devoted.

Mixing Rural Medicine and Health Engineering

Paul W. Goldsbury, M.D.
Boston, Mass.



ARE we going to permit the rural communities of our country to go doctorless?

Will we place a penalty on those sturdy farm people, the backbone of the nation, who live far removed from cities and large towns? I think not.

How can the evil of physicianless places be remedied?

By the organization of some form of agency which will aid towns looking for medical assistance.

Many places are offering either direct subsidies or a form of inducement, such as increasing the pay of school physicians. Undoubtedly the right kind of co-operative assistance would help many a village to so present its case that a medical man would be attracted to take a field where he had both opportunity for medical practice and the direction of health promotion activities.

An experienced official in one of the towns in western Massachusetts, who understands rural conditions thereabout, suggests that there are communities where a doctor, if made agent of the board of health and overseers of the poor and given some of the town clerk's duties might thereby obtain a nucleus which would be a very helpful supplement to the ordinary ups and downs of practice.

Vital statistics and the reporting of sickness even in some of the large towns are not looked

after in a way to promote the public interest. The country town with its large area and scattered population, cannot keep up or check up on many of the lines of work and the problems which in an urban community are taken over as a matter of course.

The fact that so many vital matters are neglected in these isolated sections should appeal to vigorous and ambitious men as offering a new and important field of research. The rural field has been practically untilled along these lines. The country has in fact all the natural advantages of environment to both limit and prevent disease and to breed health.

There is need of an agency to assist those physicians who are ready and anxious to go to rural districts. Letters have come to me from physicians who have heard that towns are offering subsidies. They were written not only by men in New England but by those in the south, west and northwest; men who for personal or family reasons want a change of climate or environment, who wish to leave institutional work or contact practice, etc., etc. Such an agency would not only be able to look up the qualifications of men but could also render good service in acquainting the men with the various needs of the field.

In some districts two or more towns might combine under joint arrangement, such as obtains in

Dr. Goldsbury is no theorist. His work in the rural fields of Western Massachusetts has attracted widespread attention. Articles in recent numbers of the Ladies' Home Journal show that Dr. Goldsbury's efforts are being received with the consideration they deserve. His suggestions set forth herein possess much of value.

the matter of school superintendencies, so as to secure the services of a combined medical man and health engineer. The formation of such groups of towns would often disregard county or state lines.

There is need to promote a working together of agencies, to find existing resources which can be brought to bear to further the interests of rural practitioners. These men are too often denied clinical and hospital associations and advantages, such as obtain in metropolitan districts, and without which it is difficult for the ordinary doctor to keep abreast of the times and to maintain a prestige so necessary to his success.

vancing preventive medicine. If better health engineering can be secured for the country, it will have an advantageous effect upon the economic efficiency of agricultural production. This means a lowered cost of food products, and decreased cost in inspection in the care of milk, meats and other farm products.

Tubercular cases do better in the dust free, sun-cleaned, better ventilated air of the country. Such air is tintured by the invigorating foliage of summer and fresh winds and ozone of winter and such odors and atmospheres best modulate respiratory and skin functions. Country life today, however, is so handicapped in keeping



"Then the apprentice student went the rounds with his preceptor the physician."

There is need to promote more reciprocal relationships between health and medical leaders and specialists of urban districts and the health officers and general practitioners of outlying districts and rural sections. Whatever can be done to improve the opportunities for such contacts, to open up the world of the one to the intelligent consideration and sympathetic acquaintanceship of the other, to promote a better spirit of fellowship in service, must react for the public good. Such must insure the best standards of work, both in fighting disease and in ad-

pace with our modern and changing standards, that to most who would go there either to reduce invalidism, for convalescence, or to enjoy a better health—in short a more abundant life, it means separation from the things to which they have been accustomed. If therefore the rural districts are equipped for health and medical protection, they will insure for themselves one very necessary adjunct and attraction for general progress and upbuilding.

Hospital service stations may here and there be needed in now isolated sections. Existing hospi-

tal however, have resources which might be turned to broader service, as in the following: Ten years ago it was very difficult to get persons in one little New England town to go away for necessary treatment to city hospitals, 25 to 100 miles away. Their local physicians could not often afford to take time or go to the expense of such travel and even when they could, there were few points of contact between professional men living so far apart. The "big" city man and the small country doctor did not speak each other's language. The patient hated to go so "far away." It subjected the person in a delicate, impressionable state to too much change—bad psychology. Eventually a hospital, 25 miles away, though the good offices of a prominent city specialist, started a program by which he and other city specialists make frequent trips to this smaller city hospital and gave the place a certain prestige.

After the specialists ceased their regular visits, the influence of the venture was felt. Superior standards had been set and the local men had been educated to a higher morale than had obtained before. The small town above referred to responded to this. That hospital became very popular with the people of the little town. Now it is not difficult to get a patient from that village to go there, and their local physicians get the kind of reciprocity from the hospital staff which means real fellowship.

Hospitals in small cities or even those in the larger cities away from medical educational centres, often experience difficulty in getting house officers. We know of one large city hospital, 25 miles from a medical school which has an arrangement that enables fourth-year men to obtain resident internships and to go back and forth for some of their lectures. The students undoubtedly benefit by a chance to mix theory with actual practice and the hospital staff undoubtedly gets a

wholesome keying up by the contacts with the students.

It has been suggested that some physicians in rural localities might be interested to take interim periods of service in state institutions, sanatoriums and large hospitals exchanging for the time with the assistant physicians or house officers in such hospitals.

The assistants would in that way get vacations from hospital routine and make wholesome contacts with the more normal outside world. At the same time they would protect and help the practice and prestige of the resident physician during his absence. The physician from the outside would be greatly stimulated by the chance to work inside the hospital. He would freshen himself on laboratory details, pick up new methods, see some surgery and autopsies, further his studies in pathology and attend staff meetings and clinics. The routine of bedside service, the use of massage, hydro and mechanico therapy, etc., would all furnish something to better fortify him for his home practice.

The fellowship of association as a temporary member of the staff would have many advantages over that of teacher and student in under or graduate courses. Country practice furnishes a rich fund of educational experience and the man matured in that work has as much to give as he receives. Such an arrangement could undoubtedly be developed to promote true reciprocity and equality of opportunity.

The country doctor by a rotation of service in insane, feeble-minded, tubercular and epileptic institutions and in general hospitals would get a well balanced training and thus be geared to do vastly better service in his home community and to enhance and maintain a prestige so necessary to successful practice.

With the advances in public health and nursing service, the practice which the old-time physician had with acute infections is

(Continued on page 34)

Modified Milk in Practical Form

EVERY physician realizes the difficulty of modifying milk in the average home. Aside from the ever present danger of contamination, the resulting milk, through lack of facilities or proper understanding, varies at each modification; the baby does not digest his food properly and is likely to be undernourished.

These troubles can be avoided, if as soon as an infant fails to show a progressive gain in weight on its natural food, recourse is had to Nestlé's Milk Food, either to supplement or to take the place entirely of its mother's milk. Nestlé's Milk Food is easily prepared by the mother or nurse for immediate feeding, by simply adding the requisite amount of water to a given quantity of the Food, and boiling for one minute. The routine use of Nestlé's Milk Food is soon followed by marked improvement in the baby's digestion and well-being.

When it is necessary to change from breast to bottle feeding, Nestlé's Milk Food makes the transition possible without difficulty. A baby who is nourished on this food develops just as a baby fed on mother's milk—sleeping as the normal infant should, and showing a steady gain in weight.

Nestlé's Milk Food, therefore, places the "modified milk" feeding of infants on a convenient and effective basis. It makes available pure cows' milk in a form that assures uniformity, and absolute freedom from bacterial contamination.

The best evidence of the value of Nestlé's Milk Food as a substitute for mother's milk is found in the healthy, happy babies who are thriving on it.

May we send you samples?

NESTLÉ'S FOOD COMPANY

112 Market Street
San Francisco

Nestlé Building
New York City

New Instruments and Appliances

Our readers are requested to advise us of new and improved instruments, appliances and equipment. Where possible always furnish photographs or drawings.

Pilling-Loving Pressure Pneumothorax Apparatus

The Pilling-Loving pressure pneumothorax apparatus was devised by Capt. R. S. Loving while on duty at U. S. Army General Hospital, Fort Bayard, N. M. It is manufactured by the George P. Pilling & Son Co., Philadelphia, Pa. As a result of a series of experiments this pressure apparatus was evolved in April, 1920. It operated successfully in over three hundred treatments on army and War Risk patients at Fort Bayard and has since been used in the tuberculosis wards at William Beaumont General Hospital.

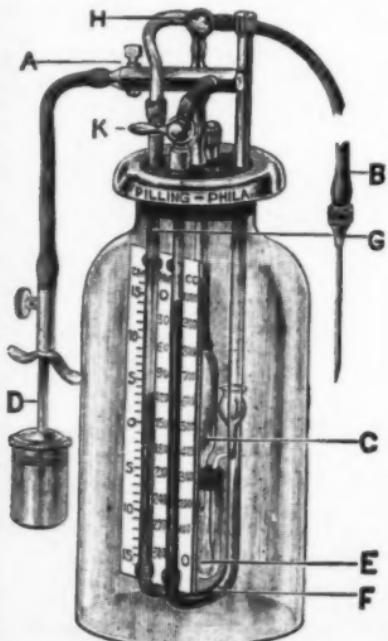
The Pilling-Loving apparatus differs from those in common use in that the principle upon which air is discharged into the chest

depends upon the force of compressed air rather than the weight of fluids as in the syphon apparatus. It has two manometers, a mercury manometer which registers the pressure within the container and determines the volume of air discharged, and a water manometer for registering the pressure within the pleural space. It has a filter incorporated which sterilizes the air as it leaves the machine.

Air is pumped by hand into a container. The mercury manometer registers in millimeters of mercury the pressure within. By experimentation it was found that in a container of about 2,000 c.c. capacity every 30 mm. of mercury pressure represented 100 c.c. of available air, therefore, 300 mm. of mercury represented 1,000 c.c. of air, and this was established as the capacity of the apparatus.

By discharging air from the container under a graduate filled with water and inverted in a basin of water it was proven that each 100 c.c. of water displaced in the graduate corresponded exactly to a fall of 30 mm. of mercury and that it operated uniformly at all pressures. It was determined also that the operation was the same in varying temperatures and at varying altitudes.

As air is discharged from the container it passes through two filters. The first contains an antiseptic solution, the second contains tightly packed sterile cotton. The air passes into the antiseptic solution through a glass tube drawn out to the caliber of a hair by which means it is divided into very minute bubbles, and at the same time the pressure of the air column is reduced. A further reduction in pressure is made by the tightly packed cotton in the second



Fits the Foot in Action and Repose

The flexible arch Cantilever Shoe follows the lines of the normal foot and co-ordinates closely with its movements. Circulation is un retarded and foot muscles are free to exercise. The medium height heels are slightly higher on the inside, so as to induce the wearer to toe straight ahead when walking. This has much to do with lessening the strain on the inner and weaker side of the foot.

Many physicians have helped us to bring the Cantilever Shoe up to its present high standard. It is largely through their co-operation that we have been able to popularize a comfortable, correctly made shoe.

The Cantilever promotes good circulation and encourages good posture. Both the men's and women's models are pleasing in appearance as well as comfortable. Physicians wear them because of their dignified lines, fine soft leathers and scientific construction.

The Cantilever Shoe is sold by selected dealers in over 500 cities. They are anxious to co-operate with physicians toward the betterment of public foot-health. A partial list of stores appears at the right. Names and addresses of other dealers may be had by writing the manufacturers, Morse & Burt Co., Carlton Ave., Brooklyn, N. Y.



Cantilever Shoe Shops

- Akron—11 Orpheum Arcade (Main and Market)
- Albany—15 No. Pearl St. (Hewett's Silk Shop)
- Allentown—907 Hamilton St.
- Atlanta—126 Peachtree Arcade
- Atlantic City—2019 Boardwalk (near Shelburne)
- Baltimore—325 No. Charles St. (2nd floor)
- Birmingham—219 N. 19th St.
- Boston—109 Newbury St., cor. Clarendon St.
- Bridgeport—1025 Main St. (Citizens' Bldg.)
- Brooklyn—516 Fulton St. (over Primrose Silks)
- Buffalo—641 Main St. (above Chippewa St.)
- Charlottesville—226 N. Tryon St.
- Chicago { Loop 30 E. Randolph St.
(North Side) 1050 Leland St.
(Woodlawn) 833 E. 61st St.
- Cleveland—1705 Euclid Ave.
- Columbus, O.—104 E. Broad St. (at 3d St.)
- Denver—224 Foster Bldg., 16th and Champa St.
- Detroit—41 E. Adams Ave.
- Duluth—107 W. First St. (near 1st Ave. W.)
- Elizabeth—258 North Broad St.
- Evansville—310 So. 3rd St. (near Main)
- Harrisburg—26 N. 3rd St. (2nd floor)
- Hartford—Church and Trumbull Sts.
- Houston—205 Foster—Bank of Comm. Bldg.
- Kansas City—309 Altman Bldg.
- Long Beach, Cal.—530 Pine Ave.
- Los Angeles—505 New Pantages Bldg.
- Memphis—28 N. 2nd St.
- Minneapolis—25 Eighth St. So.
- Newark—Aeolian Hall, 897 Broad St.
- New Haven—153 Court St.
- New Orleans—Room 200, 109 Baronne St.
- New York—14 W. 40th St. (opp. Library)
- Oakland—516-15th St. (opp. City Hall)
- Omaha—1708 Howard St.
- Pasadena—378 E. Colorado St.
- Passaic—37 Lexington Ave.
- Paterno—10 Park Ave. (at Erie Depot)
- Peoria—Jefferson St. (Lehmann Bldg.)
- Philadelphia—1932 Chestnut St.
- Portland, Ore.—353 Alder St.
- Poughkeepsie—327 Main St.
- Rochester—257 Main St. E. (3rd floor)
- Sacramento—208 Ochsner Bldg. K near 7th St.
- St. Joseph—216 N. 7th St. (Arcade Bldg.)
- St. Louis—516 Arcade Bldg.
- St. Paul—Frederic Hotel Bldg., 43 E. 5th St.
- San Francisco—250 Arcade Floor, Phelan Bldg.
- Syracuse—121 W. Jefferson St.
- Tacoma—Fidelity Trust Bldg., 255 S. 11th St.
- Troy—35 Third St. (2d floor)
- Utica—28 and 30 Blanding St. (cor. Union)
- Washington—1319 F St., N. W.
- Yonkers—22 Main St.

**Cantilever
Shoe**

*For Men
&
Women*

filter. The velocity of air expelled is again regulated at the outlet air valve where it can be reduced to an exactness of counting the bubbles as they pass through the filter or through the pneumothorax needle if placed in a glass of water. The pressure at full capacity and with the valve wide open is not very great, as the exit of air can be stopped by gentle pressure of the tip of the tongue against the rubber tube leading to the chest. The pressure of escaping air is never as high as that of confined air.

Only one limb of the two manometers is visible before the graduated scale. For this reason chest pressure is read in the water manometer below zero when positive and above zero when negative. The visible limb of the water manometer connects with the two-way valve on the top of the bottle and through it with the pleural cavity; the other limb opens through the stopper to normal atmospheric pressure. The visible limb of the mercury manometer opens at the top within the bottle and automatically registers the contained pressure; the other limb opens above the bottle.

The graduated scale has three columns of figures, that on the left indicating linear centimeters of water above and below zero, fifteen being the maximum in either direction. The middle column of figures indicates millimeters of mercury pressure within the bottle 300 mm. being the limit. The scale on the right of the card is the measure of the air discharged from the bottle, each 100 c.c. corresponding to 30 mm. of mercury pressure; the capacity is 1,000 c.c. of available air. The latter scale reads from below up to correspond with the receding mercury as pressure is relieved by the escape of air.

The metal tube through which air enters and leaves the bottle is a double tube, one compartment for the entrance of air, the other for the exit of air. The three-way

valve at the head of the air tube may be turned to two positions: one to allow the escape of air, and the other to connect the water manometer with the pleural space.

The air capacity of the bottle is 1,000 c.c., which ordinarily is more than enough for a single treatment. In case that more than the capacity is needed the container can quickly be recharged by a few strokes of the pump without removing the needle from the chest.

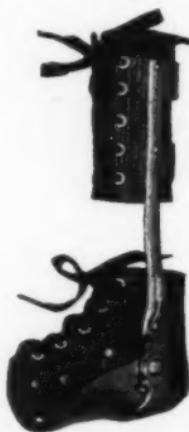
They have been used for two years in tuberculosis hospital practice with very satisfactory results.

Further information may be obtained from Geo. P. Pilling & Son Co. Philadelphia, Pa.

* * *

Club Foot Brace

This apparatus is a new device for the correction of club feet in either children or adults. It is made up according to the individual requirements of each case and



according to the physician's instructions and is arranged so that various adjustments can be made from time to time as the correction progresses. Further particulars can be obtained from A. Diadul & Sons, Inc., 1562 Milwaukee Ave., Chicago, Ill.

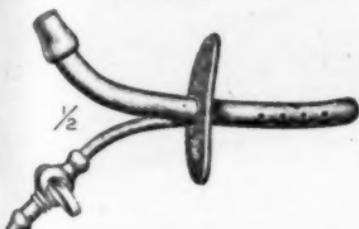
April, 1924

MEDICAL ECONOMICS

33

Greenberg Irrigating Female Urethral Catheter

The catheter devised by Dr. Greenberg offers advantage over the instruments previously designed for this purpose because of the fact that the end is closed and the canula perforated on all sides of the wall of the catheter.



By using considerable force in administering the medication, the walls of the urethra are distended and the folds thus flattened out, thereby delivering the medication used to the entire urethral wall. The external end of the catheter proper is supplied with a collar which forms a plug for the meatus, and prevents back flow. As noted by the illustration, the instrument is a return flow proposition, the outflow being supplied with a stop cock through which the medication is discharged.

The apparatus is manufactured by the Kny-Scheerer Corporation of 119 7th Ave., New York, N. Y.

* * *

Simplex Diagnostic Set

The Simplex Diagnostic Set consists of a battery handle carrying the ordinary flashlight battery and supplied with three interchangeable attachments—ophthalmoscope, otoscope and tongue depressor. The manufacturers have concentrated on simplicity in this instrument and have designed it for use with the ordinary flashlight lamp which can be supplied through any dealer in electric accessories. This method of illumination is extremely satisfactory both from a point of clear vision and also as to upkeep. The ophthalmoscope carries the regular Loring system of lenses; the Otoscope

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is supplied with two interchangeable specula with removable windows for instrumentation; and the tongue depressor is used with the



aseptic wooden tongue depressors which can be discarded after use.

The instrument is manufactured by the DeZeng Standard Company of Camden, N. J.

Mixing Rural Medicine and Health

(Continued from page 28)

not what it used to be. Surgery and obstetrics will forever demand the best of medical attention; the various mental affections and deceptions, nervous disorders, tuberculosis and other chronic afflictions demand the best possible skill within ready call. If state institutions and sanatoria and the large hospitals can advance the training and education of the isolated practitioner in these special lines, they will aid in preparing and fortifying him to do a great deal of work in preventive medicine, as well as in probation and reconstruction work.

We have our reformatories and institutions for the restraint of the criminal and moral sick and perverted, and have come to recognize the danger from cross infection, a kind of festering within those artificial enclosures. The Massachusetts probation system, at a cost of less than half a million dollars, is handling 16,000 really or potentially diseased outside walls, that is under the care of civil probation officers or ph-

cians. If these persons were confined in institutions the cost would amount to \$9,000,000, but under the present system the afflicted are for the most part earning their own living and making some contribution toward the upkeep of their own treatment. With the institutional care of mental wards rising above \$8,000,000, it might be well to consider how we can better utilize our expensively trained and educated medical and health officers and how they can be better equipped for preventive medicine, and probation work and for the reconstruction of real and potential sufferers.

Perhaps some of the virtues from the medical training and teaching of half a century ago will be revived. Then the apprentice student went the rounds with his preceptor, the physician, learning lessons in art, common sense psychology and humanness in practice not found in books. Here's hoping that the country physician now travelling alone, the hills and valleys in roadless districts, may come into his own—that fourth-year men may break the grilling sessions in classroom, clinic and laboratory and share something of the "winter sports" enjoyed by the country physician during the busy months of his practice from December through March. Theory would thus have a wholesome seasoning of weathered fact.

Heartless Desertion

Dr. J. H. Wendler, Orlando, went back on us. We expected him to remain in the practice of medicine, and starve to death with us, and comfort us in our last hours. He has deserted us, and gone into a business where he can make an honest living without waiting for some poor fish to over eat and have his appendix burrowed out, or some poor woman to get heart broken over a deserting lover.

—Florida Clinic, Nov. 1923.

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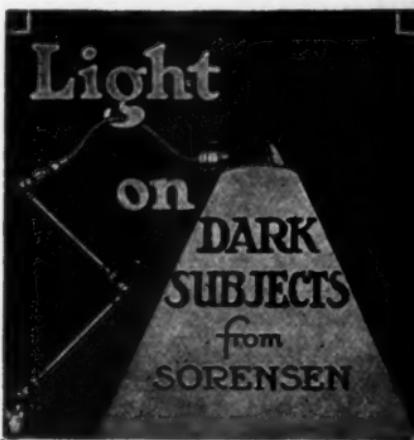
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Financial Department

The purpose of this column is to provide the physician-investor with reliable investment information and to help him in choosing the sound securities that meet his requirements.

Each month we will review briefly the financial situation and outlook and answer several questions of general interest on investment.

Hesitancy and reaction characterized the course of trade throughout the month of March with Congressional indifference to the needs of business playing no small part in the undermining of public confidence in the outlook. In the Senate suspicions and distrust have been spread by investigations and speeches while in the House the imperatively needed Mellon tax bill has been set aside for the inadequate Longworth compromise measure and worst of all a Soldier Bonus bill was passed with an overwhelming vote.

In the business world developments were highly significant. Commodity prices recorded further declines, manufacturing and wholesale trade reports showed a slowing down of activity and shares on the New York Stock Exchange continued to slump. The superabundance of money at low rates and the upward movement of bond prices only emphasizes the hesitant condition of business. What part of this reaction in trade and industry may be attributed to natural causes, following two years of healthy prosperity is difficult to say. There can be no question, however, that a sound revision by Congress of the burdensome tax laws of the country would have removed a serious handicap to business endeavor.

While affairs at home, particularly the political phases of the various investigations, have been holding the center of the stage, events in Europe have been no less interesting. Premier MacDonalid in England after having settled the strike of the steam railroad workers has since had to deal

with the strike of the bus and tram workers in London and there is probability of other important "walkouts" developing. His position is extremely delicate as his government is a minority one which could easily be overthrown by the slightest mishandling of these situations. In the field of foreign affairs Premier MacDonald's frank and sympathetic consideration of the problems of the French Government regarding security and reparations has greatly lessened the friction which existed between these two countries. This disposition toward cooperation, if continued, would undoubtedly effect to a marked degree the attitude of the German Government toward the findings of the Dawes Commission on Reparations.

The news from France has been replete with action and interest. Following the establishment with the French Government of a very substantial credit by American and British bankers the sharp decline of the French currency was halted. Since this action Premier Poincare has been successful in putting into effect all of the fiscal measures which he deemed necessary in the safeguarding of French credit. The franc has recovered a large part of the loss sustained since the first of the year and by the subsequent revision of his Cabinet, Premier Poincare's position has been so strengthened that he has every right to face the future with confidence.

All indications point to higher prices in the bond market with unmistakable signs of lowered prices for industrial shares in the stock market.

Questions and Answers

Investment Preferred Stocks

QUESTION: All my investments heretofore have been in bonds; largely rails and public utilities. Would you advise me to purchase the Adirondack Power & Light Company 7% preferred stock which is being offered at 100? I am a doctor with a reasonably prosperous practice plus a wife and three children. This is my first buy in the stock market and I have no desire to speculate. Thanking you in advance.—M. L. D.

ANSWER: While the Adirondack Power & Light Company 7% cumulative preferred stock is a reasonably good investment for one in position to watch securities closely we do not consider this issue suitable for a doctor of small means. It would be better investment policy to take some of the higher grade preferred stocks, as for instance, New York Telephone preferred, Electric Bond & Share Company preferred and United States Steel preferred even though your yield will not be so high.

His First Investment

QUESTION: I have accumulated my

first \$1,000 which I should like to invest in a safe bond. Would you be kind enough to recommend one with as high a yield as is consistent with safety?—A. L. C.

ANSWER: We believe your funds would be well invested in Montana Power Co. first 5s, Series A, due in 1943, which at current market price of about 95½ yield you approximately 5.30%.

Adverse Railroad Legislation

QUESTION: I am considering the investment of \$2,000 in the preferred stock of the Atchison, Topeka & Santa Fe Railroad, but before doing so I should like to know whether possible adverse railroad legislation would impair its position as an investment.—M. N.

ANSWER: There seems to be little prospect to us that the present Congress will enact any adverse railroad legislation. Even if such legislation were passed we cannot see how it would affect the investment standing of Atchison preferred stock which is a high grade investment issue.

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Patients I Have Lost and Why

(Continued from page 19)

self on the clever way that I had managed her case, and rather expected a little gratitude for it. During the course of her trouble, I had studied her physical condition quite thoroughly, and was in a position to know a good deal about her physiology. Therefore, when she came in somewhat later complaining of pain in the lower quadrants, I explained to her that it was no doubt due to tension on the round ligaments or the lower abdominal muscles. I never saw her again. They were very slow about paying their bill, and I sent them some strict collection letters.

Then one day her husband raged into the office. He had paid his bill long ago, and had not received credit for it, and the collection letters had angered him beyond measure. I apologized for the error, and corrected it; and he proceeded to tell me further why he had no use for me. His wife's pains had continued, and she had gone to another doctor (immediately on receiving the incorrect statement of account). This doctor had made the amazing discovery, merely by looking at her, that she had stones in the ureter. He procured for her some wonderful medicine which could only be gotten in some little town in Kansas; and she had passed the stones, and was now all right.

It would occur to anyone that if an incorrect statement is received, the possibility of innocent error would be the first thing to consider; and a reasonable man would telephone or call and try to straighten it out. But most people are not reasonable. To err is human; but each error costs something. An error in the ledger changes a doctor from a divine benefactor to an ignorant and malicious pirate.

Case V. In our western cities, we have our offices in downtown buildings, and our homes several miles away in residence districts.

People however, will come to the residence if they find out that a doctor lives in that particular house. Experience has taught me to handle emergencies only, in this way, and to refer the others to the office. Here is an illustrative case. One Sunday evening I returned home after an all-day tramp in the country with a troop of Boy Scouts. I was in hiking uniform, dirty, and tired, and hungry. Here was a lady waiting for me, with some sort of an eruption on her arms; apparently a chronic affair. She was tremendously impatient, as she had been waiting for some time, and had left a boy at home alone. I made a miserable effort at examination in the condition I was in; but it was a farce. I gave her a prescription, and directions to report later; but it was too apparent as a stall to gain time; and I never saw her again.

A number of such experiences have convinced me that no matter how scientific a physician's methods, his results depend to a great extent on the psychological impression he makes. Unless your setting is correct, you may fulfil text-book conditions, but you won't hold your patients. A faker holds clients or victims, with nothing to back up his setting; a scientific physician, with the best of the science has to offer to his patients, is surely justified in resorting to the suggestive assistance provided by a proper setting.

I could extend my list indefinitely; I could cite cases whom I told that they must be operated at once or die, and who got well without operation; cases in which a cross "Hello" over the telephone lost me a valuable patient; cases in which an hour's absence on a Sunday afternoon ride cost me several hundred dollars' worth of work; cases in which the neglect to refresh my mind on a minor point in a reference book resulted in the case going to another physi-

April, 1924

cian. But it is not necessary. If I have stimulated anyone, especially the beginner, to study his economic failures as well as his pathologic failures, I am satisfied. The unconscious method of gathering experience, on which mankind has depended until recently, is too slow; one is an old man before he has the good of it. By keeping accurate records and studying them occasionally, the value of experience is multiplied manyfold, and can be made use of immediately.

The Menace of the Cults

(Concluded from page 11)

greatly neglected his psychology, and has given to the mental healer an unusual opportunity, says Dr. Hubbard of the New York Board of Health.

"If the physician does not intellectually respect the complex matters of the soul and their interdependence," to quote the late Dr. S. Weir Mitchell, of Philadelphia, "he is unfit for higher seats in the temple of the healing."

Through closely appraising and studying his enemy, the unqualified practitioner, and especially by keeping in touch with the latest developments in both medical and mental science, the physician of the legally recognized schools, can successfully cope with the menace of the cults.

Service

Service is the greatest thing in the human calendar, and the better we equip ourselves the better we serve, because in the expansion of the mind comes the better understanding of how best to serve. No matter what your fortunes in life, the greatest compensation that will come to you tomorrow or next year, or the closing year of your life will be the consciousness that you have somehow been of service, either to your friends, your state or your common country. This is the greatest thing that can happen.

—President Harding.

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This Month's Free Literature

The brief paragraphs on this page are designed to keep busy physicians informed about useful literature and samples offered by manufacturers of instruments, appliances and pharmaceutical products. Our readers are requested to mention MEDICAL ECONOMICS when writing the manufacturer for this literature.

Two interesting booklets have been prepared by Charles B. Knox Gelatine Company, Johnstown, N. Y., for physicians. One discusses the value of Gelatine in Infant and Child feeding. The other deals with the value of Gelatine in digestion, stomach disorder, intestinal putrefaction, the diet of convalescents, scurvy, tuberculosis and the feeding of nauseating foods and includes receipts for general uses. Copies will be sent upon request. Ask for the "Study of Edible Gelatine in the Dietary" and the "Value of Edible Gelatine in Dietary."

* * *

Suprarenal Therapy is the title of a 12-page booklet issued by the Wilson Laboratories, Chicago, Ill. It discusses the Anatomy, Histology, Physiology, Pharmacology, Syndromes and Therapy of diseases of the Suprarenals.

* * *

Phototherapy—Its Value to the General Practitioner, is a new booklet by H. G. McFaddin & Co., 38 Warren St., New York City, on the subject of Physiological Action of Radiant Light and Heat. It contains condensed detailed information without being too technical.

* * *

A New Book—Concise and handy "*Index of Organotherapy*," size 6 x 3 1/4, 177 pages, cloth, by Henry R. Harrower, M.D., Box 58, Glendale, Calif., will be sent gratis to any reader of MEDICAL ECONOMICS requesting it.

* * *

Some Don'ts, Medical and Surgical. A collection of brief cautionary aphorisms to refresh the mind of the busy practitioner on important points that are some-

times overlooked. Copies will be sent on request by Fellows Medical Co., 26 Christopher St., New York, N. Y.

* * *

Leucotropin — An eight-page booklet describing the product of that name, its chemical composition, its therapeutic action and indications, Animal experimentation and case reports of its use. Supplied by Morgenstern & Co., 50 John St., New York City.

* * *

E. Bilhuber, Inc., 25 W. Broadway, New York City, describes ten of their products in a very brief and simple way in a booklet entitled *Pharmaceutical Preparations of Established Merit*. The preparation, the indications and the dosage of each product are given in very brief form.

* * *

The Treatment of Diseases Caused by Staphylococci and in Particular of Furunculosis by Means of Stannoxyd. This pamphlet is not nearly as long as the title indicates. It contains eight pages of medical information on the subject including a bibliography of the principal works on the treatment of Furunculosis.

Anglo-French Drug Co., 1279 Broadway, New York City, will furnish copies on request.

* * *

Bulletin No. 97—2nd Edition issued by the Wappler Electric Company, Inc., Long Island City, describes the Wappler Junior Vertical Fluoroscope. It contains brief information very much to the point for those interested.

* * *

Reprints of an article by H. G. Barbour, M.D., and E. Lozinsky, M.D., Montreal, Canada on Non-

Toxicity and Antipyretic Efficiency of Tolysin are furnished on request by the Calco Chemical Company, Pharmaceutical Division, Bound Brook, N. J.

* * *

Polishing Agents in Dentifrices is the title of Bulletin eight issued by the Pepsodent Company, 1104 Wabash Ave., Chicago, Ill. It describes the subject in detail.

* * *

Iodotone is the title of a little booklet devoted to the description of the product of the same name. It gives the formula, therapeutic indications and some prescriptions in which IODOTONE has been used by prominent physicians. Copies may be obtained from Eimer & Amend, Third Ave., 18 to 19th Streets, New York City.

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Current Literature for Investors

MEDICAL ECONOMICS

The booklets listed below contain investment information relating to bonds. Check the booklet or booklets desired and send page to Financial Department, MEDICAL ECONOMICS. We will forward your requests to the bond houses that publish the booklets, and they will be sent to you. Every investor owes it to himself to know the whys, wherefores and danger signals of investing. Hard earned money should never be put into the hands of glib talkers who promise tremendous yields and give nothing but a beautiful specimen of engraving. MEDICAL ECONOMICS is endeavoring to present to the Medical Profession information regarding safe methods of investment.

1. Why the South Offers Investment Opportunities.

A booklet describing the remarkable soundness and progress of the New South. Telling how and why interest rates are higher in the South on first mortgage bonds. Where life insurance companies are investing millions of dollars. A guide to safe and profitable investment for large or small amounts.

2. Prudence Bonds Provide the Guarantee That Prudence Demands.

A booklet explaining guaranteed real estate mortgage bonds as a factor in investment.

3. Fourteen Questions.

A pamphlet which outlines fourteen questions that every investor should ask before purchasing any security. Without answers to these fourteen questions, the purchaser buys in the dark.

4. How to Judge Mortgage Bonds.

This little pamphlet tells you briefly and clearly how to judge Mortgage Bonds. It quotes a famous authority who covers point by point the essentials of security for such bonds. You should invest no money—no matter how little—unless you know the mortgage bonds you are buying meet all the requirements.

5. Investment Opportunities.

A guide for safe and sound First Mortgage Bonds yielding 6½%.

6. Common Sense in Investing Money.

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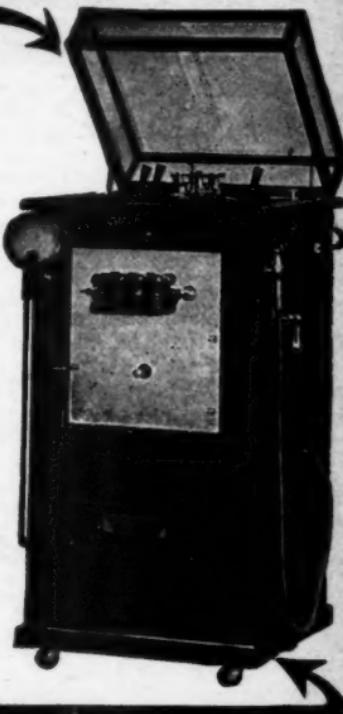
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Group Medicine in a Medium Sized City—

(Continued from page 16)

stitutions do not exist. It is useless to fly in the face of precedence and attempt in any community any type of practice with which they are totally unfamiliar and out of sympathy with. Numerous sections of our country with large industrial populations have already inaugurated methods of group practice and hospitalization that well meet their needs. Therefore, it should again be quite clear that any method of grouping that has proven successful in Minnesota or California or Virginia may be totally unsuited for Indiana, Maine or Texas.

7. There may be, indeed, a good place and need for pure "diagnostic clinics." It is the writer's conviction, however, that these will have to serve most notably in our largest cities, where specialists have been in the habit of turning over much of the actual therapy of patients to those who use them as consultants. Many patients are rightfully opposed to consulting a machine, or, as they call it, "a lot of doctors." There can be no doubt that many people are driven into the hands of the quacks not only on account of this multiplicity of advisers, but because they want a lot of treatment. It is further obvious that the more definite and scientific clinic of any sort becomes the less interested the members are likely to be in actual therapy. This is a feature that we must all conjure with and be prepared to meet. Regardless of all we may say relative to education, many people are not satisfied with it; in fact, a huge proportion of our population is inherently insusceptible to education, whether it be in our hands, or schools, churches or universities, or any place else.

8. Properly organized groups are certainly able to provide much more effectively for their patients suffering from chronic indefinite disorders, than can any other plan of successive consultation which

must be carried on disjointedly. It follows that if properly organized this sort of work can be done also for the patient much more quickly and economically.

9. It follows that if this sort of work is consistently done the members doing it will attain a proficiency and skill and judgment, and a breadth of view concerning the patient as a whole, and disease in general, that no series of men, practicing individually, would attain in the same time.

10. The obvious opportunities for repeated consultation, even where they may not be entirely necessary, and without any additional expense to the patient, make it less and less likely that important conditions will be overlooked. The growth of scientific effort, the putting on of clinics and demonstrations, the teaching of the interns and the younger men, and in general, the introduction into medicine of the most likely material among the younger graduates —are advantages that are evident.

11. Finally, "no chain is stronger than its weakest link." No one should expect to take out of any group they enter, more than they bring to it. The sum of the parts can never be greater than the whole, despite various preachings to the contrary often intimated by the unthoughtful. Those of great capacity, physical and mental, will acquire the most practice, satisfy continuously greater numbers of people; their scientific growth will be the most apparent, and their financial reward must be proportional to these qualities, whether they practise in groups or alone. No group will hold together where gross inequities obtain; to avoid these requires rare foresight.

Only those groups logically formed, judiciously conducted, and ethically maintained, will long survive. Unless all the men practising in smaller communities are taken into a group when formed, or un-

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less several groups develop synchronously, much early professional tension is liable to appear. It is not apt to survive very long, for it will soon be apparent to everybody that not all the "good men" are in "any group"; all the tribulations of practice are not lost by merging of interests; "sor-

rows" as well as "joys" are shared. Publicity should be shunned as the devil. No group has any rights not accorded to the individual. The broad interests of the profession of medicine are far more paramount than any coterie within it.

Gauging the Patient's Ability to Pay

(Concluded from page 23)

other tangible property, no records of suit against him; and pays cash for his necessities, etc."

To an inexperienced person the report looks fairly good. To the writer it speaks a volume. It is perfectly clear that the man has reached his earning capacity, and is living up to everything that he earns. An accidental expense of sickness will throw him far in the rear. The physician would likely have to wait many months and, perhaps, years, for his money, if he could ever collect it.

The same interpretation or analysis should be applied to a patient coming to the physician's office for the first time. In the course of the first visit, the patient should provide the doctor with data for investigating his moral and financial equipment. His occupation, home and business addresses will usually give very valuable clews. These should not be accepted in full value; but should be followed up by proper investigation. It is conspicuously noteworthy that physicians generally are adverse to accepting cash for their service; whereas, every business man hesitates to let his goods go from the shelf without cash in hand. In this attitude, the doctor may be tempting himself. He is endeavoring to convey the impression that he is not in need of the dollar. He may succeed in deceiving himself, but he does not deceive his family or the business man.

In small towns or cities, the banker or successful business house will be glad to give information to the physician about pros-

pective patrons. This knowledge is worth a hundred per cent. The physician with a business trend should avail himself of this confidential advice. If the doctor has conducted himself respectably such an alliance will be encouraged. It is natural that respectable professional and business citizens desire to aid each other against loss from the dead-beat. One can be certain that the man who will decline to give this information is not a friend—in all probability he will prove to be an enemy.

If the suggestions herein professed, be followed carefully and strict interpretation placed on the reports, the physician need not worry about bad accounts. The writer does not intend to say that a physician may conduct his business affairs in any manner without loss. The reports or statements merely furnish intelligent information. Deductions may be drawn to either side. If the doctor does not drive his debtors at all times he will probably lose as much as if no investigation had been made. The sole object of antecedent information before taking the case, is to obtain the knowledge—rating of good or bad, about the patient. The report or information goes no farther. If the physician assumes charge of a case knowing beforehand that the patient or his family has no resources with which to compensate him for his service, he is himself to blame. This article will bear no message to him. It is as meaningless, as unciphered hieroglyphics, and its notes as sounding brass.

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